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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/566,639			ing Date 27/2006	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY 🛛				HER THAN ALL ENTITY
FOR			NUMBER FI	LED NU	NUMBER EXTRA		RATE (\$)	FEE (\$)	П	RATE (\$)	FEE (\$)
BASIC FEE (37 CFR 1 16(a), (b), or (c))			N/A		N/A		N/A	150]	N/A	
SEARCH FEE (37 CFR 1 16(k), (i), or (m))			N/A		N/A		N/A]	N/A	
EXAMINATION FEE (37 CFR 1 16(o), (p), or (q))			N/A		N/A		N/A			N/A	
TOTAL CLAIMS (37 CFR 1.16(i))			minus 20 =				x \$ =		OR	x s =	
INDEPENDENT CLAIMS (37 CFR 1.16(h))			minus 3 = *			1	X \$ = 3		1	X \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE she	ets of pap 3250 (\$125 ditional 50	gs exceed 100 on size fee due for each n thereof. See CFR 1.16(s).							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									1		
* If the difference in column 1 is less than zero, enter "0" in column 2.						•	TOTAL	150]	TOTAL	
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMAL	L ENTITY	OR		ER THAN ALL ENTITY
AMENDMENT	07/22/2011	CLAIMS REMAINING AFTER AMENDMEN		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16())	· 24	Minus	** 33	= 0		X \$26 =	0	OR	x s =	
	Independent (37 CFR 1.16(h))	- 3	Minus	5	= 0	1	X \$110 =	0	OR	XS =	
	Application Size Fee (37 CFR 1.16(s))										
ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					1			OR		
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)											
AMENDMENT		CLAIMS REMAINING AFTER AMENDMEN		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16())		Minus		-		× \$ =		OR	x s =	
Δ	Independent (37 CFR 1 16(h))	*	Minus	***	-]	X \$ =		OR	X 8 =	
핕	Application Size Fee (37 CFR 1.16(s))					ı			ı		
AN	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(ii))								OR		
									OR	TOTAL ADD'L FEE	
*If the entry in column 1 is less than the entry in column 2, write "0" in column 3. Legal Instrument Examiner: *If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20". *If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number town of in the appropriate box in column 1. The "Highest Number Previously Paid For" (Total or Independent) is the highest number town of in the appropriate box in column 1. The Telephore Number Previously Paid For "(Total or Independent) is the highest number town of in the appropriate box in column 1.											

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPT To to process) an application of the completion of the completi ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.